



CITY OF ANGELS
APPLICATION FOR
PLANNING COMMISSION APPOINTMENT



Name: _____

Address: _____

Phone Number: _____ Registered Voter? Yes____ No____

E-mail address: _____ Years of residency in Angels Camp? _____

What experience, knowledge and insight in City Planning and/or Civic Participation can you provide to the Commission?

From a City Planning aspect, what three things do you believe the City is doing well?

From a City Planning aspect, what three areas does the City need to improve on the most?
